

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3	1					
4		1				
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
15	1					
16	1					
17	1					
18	1					
19	10					
20	1	1				
21	1		1			
22	1			1		
23	1				1	
24	1				1	
25	1					1
26	1				1	
27	1					1
28	1					1
29	1					1
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31	1					1
32	1					1
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34		1				
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36		1				
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38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3		6			
TOTAL DEP.	9	9	7	7		
TOTAL CLAIMS	3	9	13	13		

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
54								
55								
56								
57								
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97								
98								
99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								